PATENT APPLICATION FEE DETERMINATION REC

Application or Docket Number 10/533190

CLAIMS AS FILED - PART I												
			(Column 1)		(Column 2)			SMALL EN	YTITI	OF		R THAN ENTITY
U.S. NATIONAL STAGE FEES							7	RATE	FEE	7	RATE	FEE
BASIC FEE			SMALL ENT. = \$ 150		LARGE ENT. = \$ 300		1	BASIC FEE	 	OR		-
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100		1	other situations = \$ 100 / \$ 200	1	EXAM. FEE	 	┦‴		300
SEARCH FEE			U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		All c	other situations = \$ 250 / \$ 500	1	SEARCH FEE	 	1	EXAM. FEE SEARCH FEE	200
FEE	FOR EXTRA	minus 100 =			/ 50 =	1	X \$ 125 =	 	1	<u> </u>	-	
TOTAL CHARGEABLE CLAIMS			4 7 minus 20 =			17	1	X \$ 25 =	 	-	X \$ 250 =	
IND	EPENDENT CL	minus 3 = .		•	2		X \$ 100 =	 	OR	X \$ 50 =	1350	
MUI	TIPLE DEPEN	DENT CLAIM PR	<u> </u>						ļ	OR	X \$ 200 =	40
* if	the difference	in column 1 ic	lone there are			<u> </u>		+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	Ĺ	OR	TOTAL	265
		CLAIMS AS	AMENDED	- PART	- 11							
		(Column 1)		(Column 2) (Column 3)				SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ľ	X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	Ì	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	 -
								TOTAL ADDIT.		OR	TOTAL ADDIT.	•
			FEE			FEE						
		(Column 1)		(Colum		(Column 3)	_				_	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	ſ	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
										OR L	TOTAL ADDIT.	
								FEE L			FEE [
*	If the entering activ	mn 4 in lace 11										
	If the "Highest Nu	mn 1 is less than the mber Previously Paid	For IN THIS SP.	ACE is lose t	han 120	f onto- 2000						·
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
		•	,		are ringil	Cornamos mand it	ı we	appropriate box i	n column 1.			